

## CITY OF MADISON, ALABAMA

### APPLICATION FOR SPECIAL RATE FOR TRASH COLLECTION

1. My name is: \_\_\_\_\_
2. My home address is: \_\_\_\_\_  
\_\_\_\_\_
3. My home telephone number is: \_\_\_\_\_
4. List all people who are 19 years old or older who stay in the house (apartment, trailer, etc.) with you. \_\_\_\_\_  
\_\_\_\_\_

5. I apply for a special rate for trash collection because (check one of the following):

☐ A. I am legally blind (see Alabama Code § I-I-3).

[You must submit a certificate of a duly licensed ophthalmologist or optometrist.]

☐ B. I am retired due to permanent and total disability.

You must submit one of the following:

- (1) The written certification of such total disability by two physicians licensed to practice in Alabama.
- (2) Evidence that you are now drawing any pension or annuity from the Armed Services or a company or governmental agency because you are permanently and totally disabled.
- (3) A certificate of disability issued by the State Commissioner of Revenue pursuant to the provisions of Alabama Code 5 40-9-19.

☐ C. I qualify to receive food stamps,

[You must submit a letter or other certification from the Alabama Department of Human Resources.]

☐ D. I am 65 years of age or older, and I had a net annual taxable income of \$7,500 or less, as shown on my latest United States income tax return.

[You must submit proof of age and either a copy of your latest United States income tax return or an affidavit stating that you did not file an income tax return and that your net taxable income for the preceding taxable year was \$7,500 or less.]

6. I hereby swear (or affirm) that the information in this application and on any papers submitted with this application is true and correct. I understand that the City of Madison will use the information in this application and on any papers submitted with this application in determining if I am eligible to receive a special rate for trash collection. I understand that if I make a false statement or submit false information in this application that I may be punished for perjury (see Alabama Code §§ 13A-10-100 through 13A-10-109).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

WITNESS:

\_\_\_\_\_

Persons who checked box A (legally blind), B (permanent disability), or C (qualify for food stamps) do not have to submit this form but one time.' You will receive in the mail a renewal form each year. Persons who check box D (over 65, income of \$7,500 or less) must submit a new application each year.

STATE OF ALABAMA                    )  
  )  
MADISON COUNTY                    )

AFFIDAVIT

As part of my application to the City of Madison to receive a special rate for trash collection, I hereby swear that I did not file a United States income tax return for the year \_\_\_\_\_. I further swear that my net taxable income for the year \_\_\_\_\_ was \$7,500 or less.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF ALABAMA )  
                                  )  
COUNTY OF MADISON)

Sworn to and subscribed before me this o\_\_\_\_ day f \_\_\_\_\_, 1996.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

MAIL TO:

Mayors Office  
City of Madison  
100 Hughes Road  
Madison, AL 35758